

Georgia Board of Cosmetology
237 Coliseum Drive Macon, GA 31217-3858
Continuing Education Report Form

Name: _____ **License #:** _____

Area: Master Cosmetology Renewal	Continuing Education Subject (5 hrs from 03-31-06 to 03-31-08)	Name of Board Registered Provider	Date	Credit Hours
CE Requirements in Health & Safety: Three (3) hours of the total five (5) hours must be satisfied by a course in health and safety developed by the Department of Technical and Adult Education (DTAE) in the areas of; Blood borne Pathogens, Decontamination and Infection Control or Skin Diseases Disorders. The course(s) must be provided by a board registered provider, any area Technical College, Colleges and Universities, Health Departments and The American Red Cross.				
Two CE Credits: Two (2) hours of the total five (5) hours must be a course given by registered board continuing education provider in any of the following areas: industry or trade show, health and safety, industry trends, computer skills, business management, or the licensee's area of practice.				
First Renewal of license: The holder of a license who is renewing a license for the first time shall not be required to meet the CE requirements. However, you must complete and return the form to the board office.	License number:			

CE Waiver: All licensees who have been licensed for 25 years, or are 65 years of age, or receive a permanent disability benefit (such as social security disability, railroad retirement or veteran disability) may request a waiver of the required CE. Licensees that can prove a hardship may also request a waiver. A waiver request form must be requested. The licensee **must provide proof** or verification of the reason for the request along with the CE Waiver Request Form. A CE Waiver Request Form may be obtained at our website at www.sos.state.ga.us/plb.

I have attached certificate of completion for each course. _____ **Yes** _____ **No**
I certify that the above is true and accurate information.

Signature of Licensee: _____

Date: _____

If you do not use the enclosed envelope, mail this form to:

License # «License_No»

Georgia Board of Cosmetology
P. O. Box 23043
Columbus, GA 31902-3043

«Full_Name»
«L_Address_Line_1»
«L_Address_Line_2»
«L_Address_Line_3»
«L_Address_Line_4»